



# SHASTA COUNTY SHERIFF

**Michael L. Johnson**  
**Sheriff-Coroner**

## RIDE-ALONG PROGRAM

### WAIVER-BACKGROUND INVESTIGATION

Having made application to be a participant in the Shasta County Sheriff's Office Ride-Along Program and for Officer safety considerations, I desire the Sheriff's Office to be informed as to my previous record and character in determining my qualifications and suitability. For this specific purpose, I authorize the release and full disclosure of any and all information that you may have concerning me, including information of a confidential or privileged nature to a duly authorized agent of the Shasta County Sheriff's Office.

Examples of the type of information I am requesting that you provide are as follows:

*Criminal justice records of arrest, detentions, field citations, field interviews, Officers' personal notebook notations, jail and custody information, booking information, traffic citations and traffic accident information, District Attorney records, Court records and reports, Probation and Parole reports and records, laboratory reports and results, and any other criminal justice records, reports or information source, including psychological evaluations.*

I authorize the Sheriff's Office to read, review, or photocopy any documents that will allow them to assess my suitability to participate in the Shasta County Sheriff's Office Ride-Along Program. This waiver is valid for a period of eighteen (18) months from the date of my signature. A photocopy of this waiver is to be considered as valid as an original waiver even though it does not contain an original of my signature. I hereby release you, your organization and all others from liability or damage which may result from furnishing the information requested.

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_



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I, \_\_\_\_\_ the undersigned, do hereby hold the County of Shasta and the Shasta County Sheriff's Office and its agents and employees harmless from any liability resulting out of my participation in what is known as the Shasta County Sheriff's Office Ride-Along Program, and I do further waive any and all claims against the County of Shasta and the Sheriff's Office which I have now or may have in the future arising out of my personal participation in said program, and any further covenant not to sue the County of Shasta and the Sheriff's Office for damages resulting from any participation in said program, either in the past or in the future, whereas the undersigned acknowledges the work and activities of said law enforcement agency are inherently dangerous, involving risk or injury and damage to persons and property. The undersigned also acknowledges that he/she took the initiative in participating in the above activity.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Prior Participation    Yes     No

Why do you want to participate? \_\_\_\_\_

Preferred Date for Ride-Along \_\_\_\_\_

Preferred Shift:    DAYS     Graves

Preferred Station:    Patrol Ops

CSL

Burney



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## **RELEASE AND AGREEMENT TO INDEMNIFY**

### **For Minor Children**

We, the undersigned, do hereby release the County of Shasta and the Shasta County Sheriff's Office from responsibility for any injury to the person or property of minor child:

Minor Child Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Minor Child Address: \_\_\_\_\_

Minor Child Telephone: \_\_\_\_\_

for any incident that might arise out of and be a part of the Sheriff's Office "Ride-Along" Program. This agreement covers the entire Sheriff's Office activities within the Sheriff's Office buildings and while riding in the Sheriff's Office vehicles, and any occurrences connected, so that the County of Shasta and the Sheriff's Office are released from responsibility or liability from the moment the minor child enters the Sheriff's Office facility or a Sheriff's Office vehicle.

The undersigned further agree to hold the County of Shasta and the Sheriff's Office harmless and to indemnify and to hold harmless the County of Shasta and the Sheriff's Office from liability, if any, resulting from any claim made by the said minor child as to personal injury or property damage or loss arising out of the activities heretofore set forth, and whereas the undersigned acknowledge that the work and activities of said law enforcement agency are inherently dangerous, involving risk of injury and damage to persons and property. The undersigned also acknowledge that we and said minor child took the initiative in participating in the above activity.

**\*\*\*\*PLEASE NOTE\*\*\*\***

***The agreement says, "We, the undersigned ..." Therefore, both father and mother are asked to sign. It is understood, however, that this is not always possible; it is necessary that the parent who has legal custody of the minor sign this form.***

Father \_\_\_\_\_

Date \_\_\_\_\_

Mother \_\_\_\_\_

Date \_\_\_\_\_

Guardian \_\_\_\_\_

Date \_\_\_\_\_

Guardian \_\_\_\_\_

Date \_\_\_\_\_



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THIS PAGE FOR OFFICIAL USE ONLY

Reviewed by: \_\_\_\_\_

Approved

Denied

Officer Assigned: \_\_\_\_\_

Date \_\_\_\_\_

Time: From \_\_\_\_\_ To \_\_\_\_\_

Approved by: \_\_\_\_\_

### **RECORDS/BACKGROUND CHECK FOR OFFICER SAFETY:**

Checked by SRS \_\_\_\_\_

ID No: \_\_\_\_\_

Date \_\_\_\_\_

RPD Records

RPD Warrants

APD Records

APD Warrants

SCSO Records

SCSO Warrants

L1

WPS

CII Rap Sheet

**Officer Safety Comments:**